

EMPLOYEE BENEFITS COORDINATOR (091-02)

SALARY: \$52,228.80 - \$75,628.80 annually, plus liberal fringe benefits

Management Category III (See attached sheet.)

THE POSITION

This is highly responsible professional and administrative work of considerable difficulty assisting the City's Risk Manager by coordinating and administering the day-to-day activities of the City health, dental, and vision insurance plans for various employee groups. The employee may be assigned to oversee and coordinate the City's wellness, Section 125 and other benefits-related programs.

An employee in this class is responsible for maintaining contacts with personnel of companies providing comprehensive health, dental and vision insurance to City employees; coordinating eligibility, enrollment and employee training regarding the plans; monitoring provider performance; monitoring plan costs in order to quickly identify areas of concern and to recommend appropriate corrective actions; and recommending changes to assigned areas of responsibility in order to improve overall effectiveness and efficiency. Work requires the exercise of considerable initiative and independent judgment in developing improvements and administering assigned benefit programs.

General direction is received from an administrative superior who reviews program recommendations and reports, and evaluates work via conferences, observation and the quality and timeliness of the results achieved.

NOTE: The duties of this position will include all of those duties set forth in the official description.

THE REQUIREMENTS

1. Have graduated from an accredited college or university with a Bachelor's degree in insurance, risk management, business or public administration, finance, accounting or a related field.
2. Possess at least four (4) years of increasingly responsible professional experience in the administration, analysis and design of employee health and related insurance programs, preferably in a self-insured environment. Additional qualifying experience may be substituted on a year-for-year basis for the required college education.

THE EXAMINATION

Depending on the number of applicants and the quality of their education and experience, the examination may consist of one or more of the following tests: Evaluation of Training and Experience, Oral Interview, Written Examination, or other assessment method. Applicants must attain a minimum score of 70 in each weighted part of the examination in order to qualify. All successful applicants will be required to pass a medical examination, including drug screening, prior to appointment.

NOTE: **ALL APPLICANTS MUST COMPLETE A STANDARD EMPLOYMENT APPLICATION AND SUPPLEMENTAL QUESTIONNAIRE.**

HOW TO APPLY

Official City of Fort Lauderdale applications will be accepted and **received** at the Department of Human Resources, City Hall, 100 North Andrews Avenue – 3rd Floor, Fort Lauderdale, Florida, **continuously until sufficient applications have been received.**

**CITY OF FORT LAUDERDALE
SUPPLEMENTAL EMPLOYMENT QUESTIONNAIRE
FOR
EMPLOYEE BENEFITS COORDINATOR (091-02)**

This application is an integral part of the application process and must be completed together with the formal application in order for you to be considered as an applicant. Answer each question as thoroughly as possible as your responses will be rated as to how they relate to the position to be filled. Please type or print legibly as your supplement responses that are not legible will be difficult to evaluate completely and fairly.

Do not use more than one sheet to respond to each question!

(We are looking for specifics, not quantity.)

- 1) Describe briefly your experience in administering and designing employee health, dental and vision benefit programs.
- 2) Describe your experience with the preparation of Requests for Proposals for employee benefits products.
- 3) Describe your experience in giving presentations to employee groups and elected/appointed officials. Please indicate the kind of group and the nature of the presentation.
- 4) Describe corrective actions you have recommended based on your analysis of claims and trends identified when monitoring plan costs.
- 5) Describe your experience with coordinating open enrollment of employees into benefit programs.
- 6) Do you have work experience with self insurance programs? If yes, please provide additional information.

My signature affirms that all information contained in this supplemental questionnaire is true to the best of my knowledge and that I understand that any misstatement of fact may result in disqualification or dismissal.

Signature

Date